

ECS Configuration Change Request

Page 1 of 1 Pages

| | | | | | | | |
|---|---|---------------------------------|------------------------------------|---|---------|--------------|-----|
| CCR No. | 95-0659 | Logged Date | 10/5/95 | Rev. | - | Request Type | CCR |
| Priority | Routine <input checked="" type="checkbox"/> | Urgent <input type="checkbox"/> | Emergency <input type="checkbox"/> | Affected Release | A and B | Change Class | II |
| Title (description) Update SCF ICD for Release B IDR and Release A Comments | | | | | | | |
| Documents Affected | | | | Source Nos (RID, NCR, etc.) or Tech Reference | | | |
| 209-CD-5-003 | | | | | | | |
| RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/> | | | | | | | |
| Problem | | | | | | | |
| Release A version of SCF ICD as delivered in support of Release A CDR specified Release B interfaces as TBD. Also, many of the comments received on the CDR document have been worked. | | | | | | | |
| Proposed Solution | | | | | | | |
| Update ICD defining Release B interfaces and incorporate as many of the Release A comments as possible. | | | | | | | |
| Impact Analysis: | | | | | | | |
| Organizations Affected: BOO <input checked="" type="checkbox"/> Contracts <input checked="" type="checkbox"/> ESO <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input checked="" type="checkbox"/> | | | | | | | |
| QA <input checked="" type="checkbox"/> Rel. A <input checked="" type="checkbox"/> Rel. B <input checked="" type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input checked="" type="checkbox"/> SMO <input checked="" type="checkbox"/> Subconts <input checked="" type="checkbox"/> | | | | | | | |
| Other _____ | | | | | | | |
| Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> | | | | | | | |
| (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000) | | | | | | | |
| Schedule: None <input checked="" type="checkbox"/> Other _____ | | | | | | | |
| Additional LOC _____ Man-Months _____ | | | | | | | |
| Materials _____ | | | | | | | |
| Originator Stan West` _____ | | | | | | | |
| Signature | | | | Date | | | |
| Office SMO Office Manager _____ | | | | | | | |
| Signature | | | | Date | | | |
| Disposition | | | | | | | |
| Approved <input type="checkbox"/> Approved w/Comment <input checked="" type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> | | | | | | | |
| Comments: | | | | | | | |
| Get signed off Impact Statement from Release A | | | | | | | |
| (Signed) J.A. Guzek 10/6/95 | | | | | | | |
| CCB Chairperson _____ | | | | | | | |
| Signature | | | | Date | | | |

